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SURGICAL ETHICS IN ĀYURVEDA

BY

Dr G D SINGHAL
M S F R C S (Ed)

Lecturer in the Dept of Surgery College of Medical Sciences
and Surgeon S S Hospital
Banaras Hindu University
Fellow the Royal Society of Medicine London Member
Association of Surgeons of India and of the Indian
Med cal Association Founder member and
Asst Secretary, The Indian Society
of Endocrinology and a
Rotarian

&

Pt DAMODAR SHARMA GAUR, A M S
Reader in the Dept of Basic Principles Post graduate
Institute of Indian Medicine B H U
Author of Abhinavam Prasutitantram Āyurvedādarsha
Samgrahah Shabdārtha Shārīram and
Abhinava Shārīram

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पूज्य श्री विष्णु हरि जी डालमिया

को

सादर सप्रेम समर्पित

FOREWORD

It is matter of great pleasure to write a foreword for the monograph on Surgical Ethics written by Dr G D Singhal and Shri Damodar Sharma Gour That surgery as practiced by Sushruta and his followers in the ancient days was of a very high order is a well known fact Although the art of surgery of those days can by no means be compared with the most exciting advancements of modern era, one can certainly take advantage of the remarkable contributions they have made in some of the spheres of surgery This will enable the modern surgeon to improve not only the care of his surgical cases but his attitude towards surgery as well

It will not be out of place to mention here that due to the great progress made in the various techniques of surgery in the recent times we are more often liable to forget the importance of psychological and philosophical aspects of the care of surgical patients Many a times these factors would greatly help us to improve the total care of the patients if proper attention is paid during the pre operative, operative and post operative

periods Therefore, this monograph will serve as an important guide to all those interested in knowing the non operative methods of management of the surgical patient both from the historical point of view and the aspect of improving these measures to suit the modern times Those who wish to dive deep in the subject may well refer to the original books from where these abstracts have been made By giving an easy and readable explanation of the original texts quoted in the monograph the authors have rendered sincere service for anvancing the cause of surgical science as a whole

K N Udupa
M S F R C S (C) F A C S

Varanasi 4 12 63

Prof & Head of the Dept of Surgery Principal
College of Medical Seiences, B H U Varanasi

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INTRODUCTION

1 This work is the first joint venture of a modern surgeon in association with a great Āyurvedic scholar When I first met Pt Damodar Sharma Gaur, about a year ago, I was immediately struck by his vast know ledge of Āyurveda In him I found a man dedicated to the cause of Āyurveda with a scientific unbiased outlook and a hard working person as seen by his numerous publications I was just looknig for some one like him after the great interest in the scientific study of Āyurveda created by my father in law, that great Indian, Dr Raghuvira, Founder Director of International Academy of Indian Culture, New Delhi,

2 The proposal of Pt Gaur Ji to jointly write a book incorporating most of the surgical ethical princi ples in Āyurveda applealed to me very much This book is a result of the same

3 This book has been written for the students of Āyurveda, the medical historians, the modern surgeons and physicians, the orientalists specially the Indologists and for anyone interested in Āyurveda from amongst the educated class of public in general It presents to them in a simple, concise and methodical way the ethics of surgery in Āyurveda

4 Āyurveda literally means 'the science of life It is now available in the classical treatises of Carka, Suśruta, Vāgbhatta etc Suśruta, the Father of ancient Indian Surgery was undoubtely a great surgeon His writings show that surgery had advanced to unimaginable heights in those days The ethical principles enunciated and

practised then were of the heighest order Unfortunately having obtained such high ideas regarding the causes, diagnosis and treatment of diseases, their scientific study was not pursued These text books were written in Sanskrit The English translation of some of them is still not yet available to the western scholars Most of what is available has been written by translators and not by authors who ought to know something about the subject also There is a great need for the modern surgeons and physicians to delve into the oceonic depths of these valueable treasures and pick out the pearls of wisdom of medical science, leaving aside the pebbles of the scientifically unconfirmed material

5 In this work quotations from these treatises have been given which deal with the ethical principles of surgery in particular and of medicine in general Their English translation has been done, the source mentioned and the least possible critical notes added showing its modern applicability No attempt has been made to be exhaustive Only a representative selection has been done It has been left to the reader to derive the inference The efforts of the authors would have been duly rewarded, if they could only provoke some new interest amongst the modern surgeons physicians and historians in particular and of the medical world in general towards the ancient Indian system of Medicine

6 The ethical principles have been placed into nine groups in the following order—General ethics, Professional and Academic ethics, Pre operative ethics, Operative ethics, Post operative ethics, Experimental Surgery ethics, Quacks, Ethics towards the dying and Ethics in Emergency Surgery

7 *The First Part* (General Ethics) deals with the qualities of a would be medical graduate and that of a doctor in general The doctor was entitled to surgical practice only after obtaining a theoretical and practical knowledge of the subject, passing the qualifying examination and registration by the state The high ideals of medical profession and the four great ethical principles were emphasized This part also deals with the ideals of a doctor, his duties towards the faithful patient, his behaviour towards the ladies and ethics and importance of joint consultations The special qualities of a surgeon and of the nursing attendants are also given

The Second Part (Professional and Academic Ethics)— emphasizes on anatomy and pathology as the basis of surgery as also on the importance of a thorough knowledge of the subject and of the related sciences For a surgeon, both academic qualifications and practical experience were considered equally important and essen tial Surgeons were recognised as specialists

Surgical treatment was carried out in three stages as is done even today, the pre operative, operative and post operative stages

The Third Part (Preoperative Ethics) beings by telling that "Forewarned is forearmed All the problems were to be considered beforehand, patients were to be correctly diagnosed after taking proper history, thorough physical examination and investigations Repeated assessment of the patient was advised to avoid being mislead during treatment Self assessment of the doctor was considered necessary regarding his capabilities The treatment was to be regulated according to the severity of the disease and the condition of the patient Importance of the

power of resistence was shown Choice was to be made between surgery and conservative treatment All requirements for the operation were to be collected beforehand The patient was given light diet only or was kept starving before the operation

The Fourth Part (*Operative Ethics*) shows that asepsis and antisepsis was practised in India by Āyurvedic surgeons long before the importance of bacteria was shown in Europe with the discovery of microscope Caution and care in the use of instruments was advised The four precautions advised in the use of knife then hold good exactly for the dermatome today The incision was considered from its various aspects such as its qualities, the correct technique of incising, its direction, the counter incisions, extension of incision and dangers of improper incision Consideration was given to the choice of operation Importance of blood, of fluid replacement in time, and of replacement by an identical substance to that which has been lost was mentioned Shock, first aid and artificial respiration on a sinking patient were known Haemostasis was stressed and four methods of stopping the bleeding were practised Final check up of the wound before closure was advised, and suturing was to be done by the correct technique Cardiac arrest and its importance were shown

The Fifth Part (*Post operative Ethics*) deals with the post operative ward and the bed, care of the patient, caution in the use of strong medicines, the post operative dressings and bandages and the relief from pain It was advised to check the result

The Sixth Part deals with the ethics and importance of experimental surgery

The Seventh Part is devoted to a consideration of the quacks

The Eighth and Ninth Parts deal respectively with the ethics towards the dying and the ethics in emergency surgery

8 It would have been much better if I had been able to give comments and paralled quotations from the modern text books and journals of surgery along with the Āyurvedic material Due to the almost insatieable desire of Pt Gaur Ji to be absolutely accurate in translating the Āyurvedic quotations, the publication already was getting long overdue Addition of the critical notes would have delayed it further However I am concious of the many omissions and errors that will be pointed out by the learned readers These will be rectified and some more comments added on modern surgical principles at another occasion

G D Singhal

Varanasi Nov 13th 1963

ACKNOWLEDGEMENT

I express my sincere gratitude to Prof K N Udupa, M S , F R C S (C), F A C S , Principal, College of Medical Sciences and Superintendent S S Hospital, Banaras Hindu University, Varanasi for his invalueable help and encouragement throughout the preparation of this work I am also thankful to him for kindly writing the foreword

My father in law, that great and eminent Indian Savant late Prof Dr Raghuvira was responsible in no mean way for moulding my ideas from purely modern medicine and surgery to a keen interest in ancient Indian system of medical science—Āyurveda He was an Indian in every drop of his blood, in every cell of his body and any feeling of nationality that I have in me today is due to him Any amount of written words to express my sincere gratefulness to that revered figure would fall short of my respectful feelings for him

Syt J Dalmia, one of the closest friends of Dr Raghuvira, has provided me with indispensable help on occasions, more than one Never have I turned in vain from him for any help that I required Compared with his vast resources on the one hand and the highest Indian ideals that he holds on the other, one cannot but be impressed by his greatness My own thought processes have been influenced in no small way by trying to emulate his great ideas

Shri Jyoti Bhushan Ji Gupta, popularly and affectionately known as Bhaiyya Ji honorary treasurer of the Banaras Hindu University has always been kind and helpful to me His keen interest and constant proddings about the progress of my work and his fatherly feelings towards me have always been a source of great inspiration and encouragement

I am also grateful to Sh N H Bhagwati, Vice Chancellor of the Banaras Hindu University, Dr Lokesh Chandra, Director International Academy of Indian Culture, New Delhi, Sh Mohan Lal Ji Goenka of Bankura, Dr D S Kothari, Chairman University Grants Commission, New Delhi and to Prof A K Narain Principal, College of Indology B H U for their helpful criticisms and for their sincere desire to see the glorious past of India brought to the light of the day

I would like to take this opportunity of thanking my wife for looking after the house and children so well while I was busy preparing the manuscript and for never complaining when I should have given more time to her

I am thankful to Sh Atma Ram Ji Dhandhania of The Annapurna Mills Varanasi for providing me with a Hindi typewriter, without which it would have been very difficult to prepare the press copy

To Pt Damodar Sharma Gour, I shall remain ever grateful for introducing me in such a lucid and masterly way, to a subject which I previously considered to have gone out of date His invalueable co operation and patience throughout the preparation of this work has been exemplary

To the publishers, Sh Chowkhamba Sanskrit Series Office I express my feelings of indebtedness for so readily agreeing to publish the work and for bringing it out so soon and so efficiently They have been doing a great service to the cause of Sanskrit and to that of India Their patience, willingness and help at all times in the production of this work has heen enviable

G D Singhal

Varanasi Nov 13th 63

आमुखम्

आयुर्वेदार्थतत्त्वाऽग्रहणपरतया हन्त पाश्चात्यतन्त्र-,
प्रायो लोकोऽभिजातस्तदिह विमुखता हर्त्तुकामस्य नित्यम् ।
भूयो भूयोऽपि धन्वन्तरिकरुणतया वैद्यके प्राच्यतन्त्रे,
भक्तेर्बन्धाय भूयान्मम तु पुनरयं यत्नसन्तानतन्तु ॥

इह खलु भारते वर्षे देशान्तरेभ्यो बहुकालात् प्रागेव लोकानु ग्रहप्रवृत्तोऽष्टाङ्गप्रविभक्त सुरनरतिर्य्यगायुरारोग्यप्रदो निखिल वैद्यकतन्त्राणा निदानभूत शाश्वतिकश्चायुर्वेदोऽतिशयेन समुन्नति पथमारूढो बभूवेति नाऽविदितमस्ति नीरजस्तमसामितिहास विदाम् । न च शास्त्रमिद केवलम् इहलोकहित सामान्यविज्ञान मात्र किन्तर्हि पुरुषार्थचतुष्टयसाधकत्वादुभयलोकहित पूर्ण क्रियात्मक च जीवनदर्शनम् । आयुषो वेद आयुर्वेद इति सञ्ज्ञाऽ प्यस्यान्वर्थैव । उच्यतेऽपि—

'अत्रायत्तमैहिकमामुष्मिक च श्रेय' इति ।

—सु० सू० १।४

'तस्यायुष पुण्यतमो वेदो वेदविदा मत ।
वक्ष्यते यन्मनुष्याणा लोकयोरुभयोर्हितम्' ॥ इति च ।

—च० सू० १।४३

सर्वविधदु खविमोचनपुर सरम् अभ्युदयनि श्रेयससिद्धिरेव च दर्शनशास्त्राणा परम प्रयोजनम् ।

आयुर्वेदे हि यथा रोगो रोगहेतुरारोग्य भैषज्यमिति सामान्यो पक्रमदृशा व्यूहचतुष्टय वर्ण्यते तथैव ससार ससारहेतुर्मोक्षो मोक्षा-पायश्चेति व्यूहचतुष्कमपि नैष्ठिकचिकित्साङ्गत्वेनोपवर्ण्यते । एव तत्त्वमीमासा, प्रमाणमीमासा, तर्कवादमीमासा, आचारमीमासा, मनोमीमासा चेति दर्शनाङ्गभूता विषयविशेषा अपि यथास्थल

सुगुम्फिता दृश्यन्ते । आत्महितसम्पादनक्षमत्वे सति प्रजाहित-सम्पादनक्षमत्व चायुर्वेददर्शनस्य दर्शनान्तरेभ्यो वैशिष्ट्यम् ।

वय चात्र सम्प्रति वेदस्यायुष आचारमीमासैकदेशमधि कृत्य प्रवृत्ता । सद्वृत्त हि सर्वेषु क्षेत्रेषु परमावश्यक विशेषतश्च चिकित्साक्षेत्रे । प्रतिक्षेत्र स्वार्थपरायणताऽनुशासनहीनता च याऽवलोक्यते तयोर्हेतु सद्वृत्तस्य शिक्षणानुपालनाऽभाव एवेति तद्विद । पुण्यतममपि चिकित्साशास्त्र सद्वृत्तहीन चेद्धीनकोटिक पण्यविक्रयमात्र स्यात् । श्रूयते च—'यो मर्त्तुकामादपि हर्त्तुकाम' इति निन्दावचोऽपि । 'नार्थार्थं नापि कामार्थमथ भूतदया प्रति । वर्त्तते यश्चिकित्साया स सर्वमतिवर्त्तते'— इति चरकोक्त (चि० १।४।५८) लक्ष्य सद्वृत्तहीनाना न कथमपि सम्भवति । अत-एवर्षिप्रणीतेषु सहिताग्रन्थेषु सद्वृत्ततया कृत कर्त्तव्योपदेश पदे पदे परिलक्ष्यते ।

अथैकदा "न चैव ह्यस्ति सुतरमायुर्वेदस्य पार तस्मादप्रमत्त शश्वदभियोगमस्मिन् गच्छेत्" इति चरकोपदेश, "कामये दु खतप्ताना प्राणिनामार्त्तिनाशनम्" इति गीतोपदेश च दिवानिश कर्मण्यवतारयता विहृतायुर्वेदोपवनसौरभविमुग्धमानसेन सुश्रुतेनेव विश्रुतेन शल्यकोविदेन सर्वेषामस्माकमध्यक्षप्रवरेण डा० के० एन्० *उडुपमहोदयेन* सविशेष जनोऽयमनुरुद्ध आयुर्वेदस्य शल्यतान्त्रिकाणा सद्वृत्तवचसा निबन्धनाय साङ्ग्लानुवाद प्रकाशनाय च । मयाऽपि यथामति काले तदेतत् सर्व सम्पाद्य समर्पितम्, अवशिष्ट तु केवलमाङ्ग्लानुवादकार्यम्, यदर्थमहमपि चिरात् पात्रविशेषस्यानुकाङ्क्षायामासम् ।

सौभाग्याच्चैकस्या परिषदि नवशल्यतन्त्रकुशलेन भारतीय-सस्कृतौ बद्धसहजानुरागेण आयुर्वेदाध्ययनार्थ कमपि सहयोगिन मपेक्षमाणेन डा० जी० डी० सिंघलमहाशयेन सह मे परिचयो जात सलापश्च । एकेनैकस्याकूत सम्यगवबुद्ध निर्णीतञ्च यत् कुतो नावाभ्या पङ्ग्वन्धन्यायेनापि नवसर्गारम्भ क्रियेत, येन न पूर्वजाना निधिभूतस्यायुर्वेदस्य लीन वैज्ञानिक स्वरूप जगत

पुरस्तात् प्रकटीभवेत्, पाश्चात्त्यवैद्यबन्धुषु व्याप्तो भ्रमराशिश्च शनैः शनैर्दूरीभवेत्। परमसुहृदो डा० सिंघलमहोदयस्यायुर्वेदानुरागेण तत्त्वबुभूषया दृढसङ्कल्पेन क्रियातत्परतया कर्मकौशलेन च भृशं प्रभावितोऽहमादित एव।

अतः परञ्चावाभ्यां सोत्साहं कर्मणि प्रवृत्ताभ्यां निबन्धोऽयमापूरितो मासषट्केन, साधु सवृत्तश्चापि। सोऽयं भगवतो धन्वन्तरेरनुग्रह एव मन्तव्यः। प्रबन्ध एष नवसु प्रकरणानुक्रमेषु प्रविभक्तो वर्त्तते सामान्यसद्वृत्तम्, व्यावसायिकं शैक्षणिकं च सद्वृत्तम्, पूर्वकर्मसद्वृत्तम्, प्रधानकर्मसद्वृत्तम्, पश्चात्कर्मसद्वृत्तम्, योग्याकरणसद्वृत्तम्, कुवैद्यवृत्तम्, मुमूर्षुसद्वृत्तम्, आत्ययिकसद्वृत्तं चेति।

अथैवमेवान्यः "आदिबलजन्मबलप्रवृत्ताः प्रजाविकारा आयुर्वेदसम्बोधश्च" (Concept of the Hereditary and Congenital Anomalies in Āyurveda) इत्येवंसञ्ज्ञकः उभाभ्यामस्यावाभ्यां चिकित्साविज्ञानमहाविद्यालयस्य शारीरविभागाध्यक्षाणां डा० *समेरसिंहमहोदयानां* सहयोगेन विरच्यमान आस्ते। सोऽप्यचिरेणैव प्रकाशमेष्यति।

एवं सुक्षेत्रे बीजन्यासबुद्ध्या क्रियमाणो युगानुरूपः प्रयत्नसन्तानः पाश्चात्यवैद्यबन्धूनां नवविज्ञानाभिषिक्तहृदयान्तरस्थलीषु आयुर्वेदाङ्कुरजनने प्रभवति चेत् सफलो मे प्रयास इति विनिवेद्य विरमति।

धन्वन्तरित्रयोदशी
२०२०
स्नातकोत्तरम् आयुर्वेदसंस्थानम्
हिन्दूविश्वविद्यालय, काशी।

विदुषां विधेयो
दामोदरशर्म्मगौडः

धन्यवादार्पणम्

प्रबन्धमिममवधानेन निरीक्ष्य महनीययाऽवतारिकयाऽलङ्कुर्वतो मूलप्रवर्तकस्याध्यक्षप्रवरस्य डा० के० एन्० उडुपमहोदयस्य नामातिधारयामि । एव मुद्रणे प्रकाशने च साहाय्यकारिण चौखम्बासस्थानाधिकारिणोऽपि मे चिरमनुस्मरणीया । डा० सिंघलमहाभागस्तु ग्रथितस्य प्रबन्धशरीरस्य प्राणभृतो ग्रथयितुश्च रसायनभूत एवेति किमधिक ब्रुवे । सर्वेभ्य एवैभ्यो भूरि भूरि धन्यवादान् समर्पयति—

१३।११।६३
वाराणसी

स्नेहाधीनो
दामोदरशर्म्मगौडः

ABBREVIATIONS

Caraka Samhıtā			C S
,,	,,	Sūtra Sthānam	C S I
,,	,	Nıdāna ,,	C S II
,,	,,	Vımāna ,,	C S III
,,	,,	Shārıra ,,	C S IV
,,	,,	Indrıya ,,	C S V
,,	,	Cıkıtsa ,	C S VI
,,		Kalpa ,	C S VII
,	,,	Sıddhı ,	C S VIII
Kashyapa Samhıtā			K S
Suśruta Samhıtā			S S
,	,,	Sūtra Sthānam	S S I
,,	,,	Nıdāna ,,	S S II
,	,,	Shārıra ,,	S S III
,,	,	Chıkıtsā ,	S S IV
,	,,	Kalpa ,	S S V
,,	,	Uttar Tantra	S S VI
Vāgbhatta (Younger)			V
Vrddha Vāgbhatta (Elder)			V V
Both Vāgbhattas		Sūtra Sthānam	I
		Shārıra ,,	II
		Nıdāna ,,	III
		Cıkıtsā ,,	IV
		Kalpa Sıddhı	V
		Uttar Tantra	VI

SURGICAL ETHICS IN ĀYURVEDA

(शल्यतान्त्रिक सद्वृत्तम्)

PART I

GENERAL ETHICS

(सामान्यं सद्वृत्तम्)

A The would be medical graduate

B Qualities of a doctor in general

C The high ideals of medical profession

D The four great ethical principles

E Ideals of a doctor

F Doctor s duty towards the faithful patient

G Behaviour towards ladies

H Joint consultations

I Importance of differentiating between curable and non curable cases

J Special qualities of a surgeon

K The nursing attendants

PART I

GENERAL ETHICS

सामान्यं सद्वृत्तम्

(A) The Would Be Medical Graduate—

भिषग्बुभूषुर्मतिमान् अत स्वगुणसम्पदि ।
पर प्रयत्नमातिष्ठेत् प्राणद स्याद् यथा नृणाम् ॥

च० सू० १।१३३

"A wise student aspiring to be a doctor should try to increase his proficiency in all aspects to the best of his ability by all possible means so that he may be considered a life giver to people

C S I 1 133

(B) Qualities of a Doctor in general—

Suśruta dealt with three essential aspects before a doctor was entitled to surgical practice

(१) अधिगततन्त्रेण, उपासिततन्त्रार्थेन, दृष्टकर्मणा कृतयोग्येन, शास्त्रं निगदता, राजानुज्ञातेन, (२) नीचनखरोम्णा, शुचिना शुक्लवस्त्रपरिहितेन, (३) सुमनसा, कल्याणाभिव्याहारेण, अकुहकेन, बन्धुभूतेन भूताना, सुसहायवता वैद्येन विशिखाऽनुप्रवेष्टव्या ।

सु० सू० १०।३

(1) Completion of the Medical education—

"Practice can be started only after having read and thoroughly studied the science of medicine, having seen

and performed the operations himself having passed the appropriate tests and thence obtained the permission of the governing authority'

(2) **External appearance—**

"The hairs should be worn short and the nails pared Personal hygiene and cleanliness should have been taken care of He should wear white and sober dress

(3) **Personal behaviour—**

"On his visits he should go with a cool balanced mind, wishing every body, without trying to show off and with an attitude of help to all He should be accompanied by an able assistant

S S I 10 3

(C) **The High Ideals of Medical Profession—**

(१) नहि जीवितदानाद्धि दानमन्यद् विशिष्यते ।

च० चि० १।४।६१

"No other gift is better than the gift of life

C S VI 1 4 61

(२) नार्थार्थं नापि कामार्थमथ भूतदया प्रति ।
वर्त्तते यश्चिकित्सायां स सर्वमतिवर्त्तते ॥

च० चि० १।४।५८

"He who treats his patients only on humanitarian grounds without desiring any money or personal benefit in return, supersedes all other physicians

C S VI 1 4 58

(३) कुर्वते ये तु वृत्त्यर्थं चिकित्सापण्यविक्रयम् ।
ते हित्वा काञ्चन राशिं पांशुराशिमुपासते ॥

च० चि० १।४।५९

Those who trade their medical skill for personal livelihood can be considered as collecting a pile of dust, leaving aside the heap of real gold '

C S VI 1 4 59

(४) परो भूतदया धर्म इति मत्वा चिकित्सया ।
वर्त्तते य स सिद्धार्थ सुखमत्यन्तमश्नुते ॥

च० चि० १।४। २

"He who regards kindness to humanity as his supreme religion and treats his patients accordingly, succeeds best in achieving his aims of life and obtains the greatest pleasures

C S VI 1 4 62

(D) **The Four Great Ethical Principles—**

(१) सर्वत्र मैत्री करुणातुरेषु निरामदेहेषु नृषु प्रमोद ।
मनस्युपेक्षाऽपकृति व्रजत्सु वैद्यस्य सद्वृत्तमलङ्करोति ॥

वृ० वा० उ० ५० (पृ ४१९)

"Friendship with all, sympathy towards the sick, feeling of profound satisfaction upon recovery and over looking even those who feel ill towards him are sufficient to fulfil the ethical requirements of a doctor "

V V VI 50 (p 419)

(२) मैत्रीकारुण्यमार्त्तेषु शक्ये प्रीतिरुपेक्षणम् ।
प्रकृतिस्थेषु भूतेषु वैद्यवृत्तिश्चतुर्विधा ॥

च० सू० ९।२६

"Friendship, sympathy towards the sick, interest in cases according to one s capabilities and no attachment with the patient after his recovery these are the four ethical principles of a doctor '

C S 1 9 26

(E) **Ideals of a Doctor—**

सर्वप्राणिभृता शर्म आशासितव्यम् । अहरहरुत्तिष्ठता चोप विशता च सर्वात्मना चातुराणामारोग्ये प्रयतितव्यम् । जीवि तहेतोरपि चातुरेभ्यो नाभिद्रोग्धव्यम् । मनसाऽपि परस्त्रियो नाभिगमनीया , सर्वं च परस्वम् । निभृतवेशपरिच्छदेन भवि तव्यम् , अशौण्डेन, अपापेन, अपापसहायेन, श्लक्ष्णशुक्ल धर्म्यधन्यसत्यशर्म्यहितमितवचसा, देशकालविचारिणा, स्मृति मता, ज्ञानोत्थानोपकरणसम्पत्सु नित्य यत्नवता च ।
विज्ञानवताऽपि च नात्यर्थमात्मनो ज्ञाने विकत्थितव्यम् , आप्ता दपि विकत्थमानादुद्विजन्त्येके ।

च० वि० ८।१३

"Always pray for the well being of all creatures Fullest effiorts should be tried to cure the sick throughout the day and night, however you may be engaged Have no ill feeling towards a patient even for the sake of your living or life You should not commit adultery even in thought, nor covet others possessions Try to be simple and modest in your dress as well as in appearance Do not be a drunkard Neither do a sin nor associate yourself with any sinner Your language should be gentle pure, righteous, courteous, worthy, true, wholesome and moderate You should take your past experience into account Always try to increase your knowledge and equipment Do nt boast too much of your knowledge, even though you may possess it Others get offended by the boastfulness of even capable persons

C S III 8 13

(F) **Doctor's Duty Towards The Faithful Patient—**

मातर पितर पुत्रान् बान्धवानपि चातुर ।
अप्येतानभिशङ्केत वैद्ये विश्वासमेति च ॥

विसृजत्यात्मनात्मानं न चैनं परिशङ्कते ।
तस्मात्पुत्रवदेवैनं पालयेदातुरं भिषक् ॥

सु० सू० २५। ४३, ४४

"The patient may doubt his relatives, his sons and even his parents but he has full faith in the physician He gives himself up in the doctor s hand and has no misgivings about him Therefore it is the physician s duty to look after him as his own son

S S I 25 43 44

(G) **Behaviour Towards Ladies—**

न स्त्रीभिः प्रेष्याभिरपि सहोपहासं गच्छेत्, न चासामपूजापुरस्कृतं नाम गृह्णीयात्, मान्यस्थानेनैव ब्रूयात्। न च भर्त्तुरविदितं स्त्रीभ्यः किञ्चिदादद्यात्, न चाविदितं प्रविशेत्।

कश्यप (पृ० ४०-४१)

"He should not cut jokes with the ladies or even with female servants, he should not call them by such names which appear undignified he should be respectful towards them He should not try to mix up or be friendly with them No offering of any kind should be accepted from a woman without the knowledge of her husband or guardian, he should not enter the place without previous information '

K S p 40, 41

(H) **Joint Consultations—**

(१) वैद्यसमूहो निः संशयकराणाम् ।

च० सू० २५।४०

"Doubts can be cleared by a group of physicians '

C S I 25 40

(२) न चान्यभिषग्भिर्विरोध गच्छेत् ,
सयुक्तश्च तैरौषध प्रकल्पयेत्।

कश्यप० (पृ० ४१)

"You should not have ill feeling towards other physicians but the management should be done after consulting them"

K S p 41

(I) Importance of Differentiating between Curable and Non curable Cases—

(१) साध्यासाध्यविभागज्ञो ज्ञानपूर्व चिकित्सक ।
काले चारभते कर्म यत्तत् साधयति ध्रवम् ॥

च० सू० १०।७

"The doctor who differentiates intelligently between curable and non curable cases and provides appropriate treatment to the former in time is always successful"

C S I 10 7

(२) अर्थविद्यायशोहानिमुपक्रोशमसशयम् ।
प्राप्नुयान्नियतं वैद्यो योऽसाध्यं समुपाचरेत् ॥

च० सू० १०।८

"The doctor who treats incurable cases definitely sustains a financial loss, diminishes his professional skill and reputation and also gets a bad name

C S I 10 8

(J) Special Qualities of a Surgeon—

शौर्यमाशुक्रिया शस्त्रतैक्ष्ण्यमस्वेदवेपथू ।
असम्मोहश्च वैद्यस्य शस्त्रकर्मणि शस्यते ॥

सु० सू० ५।१०

"Boldness, swiftness, sharpness of instruments, no sweating or trembling of hands and confidence are the praiseworthy qualities of a surgeon at the time of operation

S S I 5 10

(K) **The Nursing Attendants—**

शीलशौचाचारानुरागदाक्ष्यप्रादक्षिण्योपपन्नान् उपचार-कुशलान् सर्वकर्मसु पर्य्यवदातान् सूपौदनपाचकस्नापकसंवाहकोत्थापकसंवेशकौषधपेषकांश्च परिचारकान् सर्वकर्मस्वप्रतिकूलान् (उपकल्पयेत्) ।

च० सू० १५।७

'Only such nurses should be employed who have a noble character, are attentive towards cleanliness, are well behaved and affectionate towards the patient, are alert and have a helpful attitude, are expert in carrying out the ordered treatment and have a thorough knowledge of their job In addition such nurses should also be employed who are dieticians, are expert in giving baths and shampoes are masseures, or are expert in changing postures and in preparing medicines They should faithfully and obediently carry out the given orders

C S I 15 7

PART II

PROFESSIONAL AND ACADEMIC ETHICS

(व्यावसायिकं शैक्षणिक च सद्वृत्तम्)

A There is no end to the learing of Āyurveda

B Anatomy and pathology as the basis of surgery

C Knowledge has to be thorough

D The value of related sciences

E Both academic qualifications and practical experience are equally important and essential

F The specialist and the specialities

PART II

PROFESSIONAL AND ACADEMIC ETHICS

व्यावसायिक शैक्षणिक च सद्वृत्तम्

(A) There is No End to The Learning of Āyurveda

न चैव ह्यस्ति सुतरामायुर्वेदस्य पारम्। तस्मादप्रमत्त शश्वदभियोगमस्मिन् गच्छेत्। । भूयश्च वृत्तसौष्ठवमनसूयता परेभ्योऽप्यागमयितव्यम्। कृत्स्नो हि लोको बुद्धिमतामाचार्यः शत्रुश्चाबुद्धिमताम्।

च० वि० ८।१४

"There is no end to the learning of Āyurveda Hence you should cautiously and constantly devote yourself to it In addition, you should increase your professional skill by learning from others without being jealous The intelligent would regard the whole world as their teacher whereas the unintelligent would think the same as their enemy

C S III 8 14

(B) Anatomy and Pathology as the Basis of Surgery

(१) शरीरसङ्ख्या यो वेद सर्वावयवशो भिषक्।
तदज्ञाननिमित्तेन स मोहेन न युज्यते ॥

च० शा० ७।१९

"The surgeon who knows the structures fo all the organs of the body cannot be mislead into errors of ana tomical ignorance

C S IV 7 19

(२) शरीरे चैव शास्त्रे च दृष्टार्थ स्याद्विशारद ।
दृष्टश्रुताभ्या सन्देहमवापोह्याचरेत् क्रिया ॥

सु० शा० ५।५१

Only he can be considered an expert (surgeon) who is well versed in the practical and descriptive anatomy Therefore, one should start the procedures (of surgery) after clearing away the doubts by actually seeing (the surgical anatomy concerned) and consulting (the appro priate literature)

S S III 5 51

(३) ज्ञानबुद्धिप्रदीपेन यो नाविशति तत्ववित् ।
आतुरस्यान्तरात्मान न स रोगाश्चिकित्सति ॥

च० वि० ४।१२

'The physician who does not try to illuminate the patient's basic internal (pathological) derangements with the help of the light of his knowledge, can not treat the case properly '

C S III 4 12

(C) Knowledge Has To Be Thorough

सूक्ष्मा हि द्रव्यरसगुणवीर्यविपाकदोषधातुमलाशयमर्म सिरास्नायुसन्ध्यस्थिगर्भसम्भवद्रव्यसमूहविभागा , तथा प्रनष्ट शल्योद्धरणव्रणविनिश्चयभग्नविकल्पा , साध्ययाप्यप्रत्याख्येयता च विकाराणाम् , एवमादयश्चान्ये सहस्रशो विशेषा ये विचिन्त्य

माना विमलविपुलबुद्धेरपि बुद्धिमाकुलीकुर्युं किं पुनरल्पबुद्धे, तस्मादवश्यमनुपदपादश्लोकमनुवर्णयितव्यमनुश्रोतव्यं च ।

सु० सू० ४।८

Minute consideration of the drug (dravya) for their taste (rasa), medicinal properties (guna), potency or active principles (vīrya) and reactionary effects (vipāka), of humours (dosa), tissues (dhātu) and excretory products (mala), of viscera (āsaya), vital organs (marma) vessels (sirā) nerves (snayu), joints (sandhi) and bones and cartilages (asthi) of developmental factors of the foetus of extraction of foreign matters lodged in the body, of differntial diagnosis of ulcers and wounds, of varieties of fractures and dislocations, of curability, palliativity and incurability of the diseases and of thousands of such other problems baffle even those learned persons who possess a clear and vast knowledge what to speak of men with lesser intelligence Hence, it is very necessary for the teachers to explain thoroughly each verse and part thereof and for the students to listen to these attentively

S S I 4 5

(D) The Value of Related Sciences

(१) एकं शास्त्रमधीयानो न विद्याच्छास्त्रनिश्चयम् ।
तस्माद् बहुश्रुत शास्त्र विजानीयाच्चिकित्सक ॥

सु० सू० ४।७

"A person who studies one branch of science only can not arrive at proper conclusions, therefore a physician should try to learn as many related sciences as possible

S S I 4 7

(२) अन्यशास्त्रोपपन्नाना चार्थानामिहोपनीतानामर्थवशात् तेषा तद्विद्येभ्य एव व्याख्यानमनुश्रोतव्यम् , कस्मान्नह्येकस्मिन् शास्त्रे शक्य सर्वशास्त्राण,मवरोध कर्त्तुम् ।

सु० सू० ४।६

"In order to be able to understand the related sciences whose reference has to be taken in medical science because of necessity one should listen to the lectures given by specialists of that branch, as it is not possible to include all branches of science in one subject

S S I 4 6

(३) सतताध्ययन वाद परतन्त्रावलोकनम् ।
तद्विद्याचार्यसेवा च बुद्धिमेधाकरो गण ॥

सु० चि० २८।२७

"In order to broaden your knowledge and outlook, you should study the subject regularly, take part in scientific debates and discussions, observe the allied sciences and take training from specialists of those branches

S S IV 28 27

(E) **Both Academic Qualifications and Practical Experience are Equally Important and Essential**

(१) यस्तु केवलशास्त्रज्ञ कर्मस्वपरिनिष्ठित ।
स मुह्यत्यातुर प्राप्य प्राप्य भीरुरिवाहवम् ॥

सु० सू० ३।४८

"He who knows theory only but is not so good in practical work gets bewildered on being confronted with a patient, in the same way as a coward feels on the battlefield

S S I 3 48

(२) यस्तु कर्मसु निष्णातो धाष्ट्र्याच्छास्त्रबहिष्कृत ।
स सत्सु पूजा नाप्नोति वध चार्हति राजत ॥

सु० सू० ३।४९

"On the other hand, he who is good in practical work because of his boldness, but lacks theoretical knowledge, is not respected in the cultured society, actually he deserves punishment by the government

S S I 3 49

(३) उभावेतावनिपुणावसमर्थौ स्वकर्मणि ।
अर्धवेदधरावेतावेकपक्षाविव द्विजौ ॥

सु० सू० ३।५०

"Both these types of persons cannot be considered experts and they are not capable of doing their work properly, they possess one sided knowledge only and can be likened to birds who have one wing only

S S I 3 50

(४) यस्तूभयज्ञो मतिमान् स समर्थोऽर्थसाधने ।
आहवे कर्म निर्वोढु द्विचक्र स्यन्दनो यथा ॥

सु० सू० ३।५३

"Only that intelligent person who knows both theory and practical work is capable of obtaining success in the same way as only two wheeled vehicle is useful in the battle field'

S S I 3 53

(F) The Specialist And The Specialities

The surgical case was advised to be handled only by a surgeon, The sub-specialities within surgery itself were recognised

(१) पराधिकारेषु न विस्तरोक्ति,
शस्तेति तेनात्र न न प्रयास ।

च० चि० २६।१३१

"It is not fair for a physician to interfere in the field of a surgeon, hence I am not going into the details of this subject

C S VI 26 131

(२) तत्र धान्वन्तरीयाणामधिकार क्रियाविधौ ।
वैद्याना कृतयोग्याना व्यधशोधनरोपणे ॥

च० चि० ५।४४

'In such surgical cases, experienced surgeons only, well versed in the techniques of operation, aspiration and the art of healing, are authorised to perform operations

C S VI 5 44

(३) दाहे धान्वन्तरीयाणामत्रापि भिषजा बलम् ।
क्षारप्रयोगे भिषजा क्षारतन्त्रविदा बलम् ॥

च० चि० ५।६३

"Thus experts in the use of caustic or hot cauterization should only handle the cases which fall in their domain '

C S VI 5 63

Classification Preoperative, Operative and Post Operative Stages—

त्रिविधं कर्म—पूर्वकर्म, प्रधानकर्म, पश्चात्कर्मेति,
तद् व्याधिं प्रति प्रत्युपदेक्ष्याम ।

सु० सू० ५।३

"The entire course of surgical treatment is classified into three stages—Pūrva Karma (Preoperative Measures), Pradhāna Karma (Operative Procedures) and Paśchāta Karma (Post operative Care) Each disease will be dealt with according to these headings '

S S I 5 3

PART III

PRE-OPERATIVE ETHICS

(पूर्वकर्मसद्वृत्तम्)

A Forewarned is forearmed

B Self assessment

C The correct pre operative diagnosis

D Emphasis on thorough history taking, physical examination and repeated assessment

E The treatment should be regulated according to the severity of the disease and the condition of the patient

F Importance of the power of resistance

G Choice between surgery and conservative treatment

H The requirements should be collected beforehand

I Pre operative localisation of the foreign body

J Pre operative light diet and starvation

PART III

PREOPERATIVE ETHICS

पूर्वकर्मसद्वृत्तम्

(A) **Forewarned is Forearmed**

(१) परीक्ष्यकारिणो हि कुशला भवन्ति ।

च० सू० १०।५

"Safety is in their hands only who give consideration to all the problems beforehand '

C S I 10 5

(२) परीक्षायास्तु खलु प्रयोजनम् प्रतिपत्तिज्ञानम् ।

च० वि० ८।१३२

"The aim of thorough (preoperative) examination is to foresee the problems that they might have to face and to have thought about the methods to tackle them

C S III 8 132

(३) ज्ञानपूर्वकं कर्मणा समारम्भ प्रशंसन्ति कुशला ।

च० वि० ८।६८

' The experts advice that before taking any problem in hand, prior consideration should be given to it intelli gently '

C S III 8 68

(४) तस्माद् भिषक् कार्यं चिकीर्षुः प्राक् कार्यसमारम्भात् परीक्षया केवलं परीक्ष्य परीक्ष्याथ कर्म समारभेत कर्त्तुम् ।

च० वि० ८।७९

'Therefore a practitioner who is keen to carry out any procedure should first of all examine and thoroughly investigate the same before carrying on the actual treat ment

C S III 8 79

(५) सम्यगभिनिर्वर्त्तमानं कार्याभिनिर्वृत्ताविष्टफलानुबन्धं कार्यमभिनिर्वर्त्तयत्यनतिमहता प्रयत्नेन ।

च० वि० ८।८६

"A person who does his work in a correct and metho dical way completes it easily and obtains the desired results '

C S III 8 68

(६) प्रवृत्तिनिवृत्तिलक्षणसंयोगे तु गुरुलाघवं सम्प्रधार्य सम्यग् अध्यवस्येद् अन्यतरनिष्ठायाम् ।

च० वि० ८।१३४

"In complicated cases where some of the signs and symptoms indicate and others contraindicate a particular form of treatment the pros and cons of both should be weighed thoroughly before arriving at a proper conclu sion, which should then be carried out"

C S III 8 134

(B) **Self Assessment**

आत्मानमेवादित परीक्षेत गुणेषु, कच्चिदहमस्य कार्यस्याभिनिर्वर्त्तने समर्थोऽस्मि न वेति ।

च० वि० ८।८६

' First of all one should consider his own merits as to whether he is capable of performing that particular work or not '

C S III 8 86

(C) **The Correct Preoperative Diagnosis**

(१) विप्रतिपन्नास्तु खलु रोगविज्ञाने, उपक्रमयुक्तिज्ञाने विप्रतिपद्यन्ते ।

च० वि० ७।४

'Those who really fail to diagnose a case correctly are also not able to render the correct treatment '

C S III 7 4

(२) त्रिविध खलु रोगविशेषविज्ञानम् , तद्यथा आप्तोपदेश प्रत्यक्षमनुमान चेति ।

च० वि० ४।३

There are three methods of diagnosing a case—a sound theoretical knowledge gained by a review of the authoritative literature, complete physical examination of the patient and a process of deriving the proper inference

C S III 4 3

(३) त्रिविधेन खल्वनेन ज्ञानसमुदयेन पूर्वं परीक्ष्य रोगं सर्वथा सर्वमथोत्तरकालमध्यवसानमदोषं भवति । न हि ज्ञानावयवेन कृत्स्ने ज्ञेये ज्ञानमुत्पद्यते ।

च० वि० ४।५

"When a conclusion is derived after thorough consideration of the problem from these three aspects, it is without any error Full concept about the case cannot be achieved by considering it in parts only '

C S, III 4 5

(D) Emphasis on Thorough History Taking, Physical Examination and Repeated Assessment

(१) मिथ्यादृष्टा विकारा हि दुराख्यातास्तथैव च ।
तथा दुष्परिमृष्टाश्च मोहयेयुश्चिकित्सकम् ॥

सु० सू० १०।७

' Not taking a correct history and not doing a thorough examination by inspection and palpation can mislead the physician '

S S I 10 7

(२) प्रश्नेन च विजानीयाद् देश काल जाति सात्म्यमात ङ्कसमुत्पत्ति वेदनासमुच्छ्राय बलमन्तरग्निं वातमूत्रपुरीषाणा प्रवृत्त्यप्रवृत्ती कालप्रकर्षादींश्च विशेषान् ।

सु० सू० १०।५

'The following points should be specially interrogated from the patient—residence, climate of the locality con cerned race and caste the articles which suit his cons titution and those to which he is sensitive onset and history of present illness The intensity and nature of pain, general health, appetite bowel, micturition dura tion of illness etc '

S S I 10 5

The history included the following points also—

(३) तत्र प्रकृतिर्जातिप्रसक्ता च कुलप्रसक्ता च देशानुपा तिनी च कालानुपातिनी च वयोऽनुपातिनी च प्रत्यात्मनियता चेति । जातिकुलदेशकालवय प्रत्यात्मनियता हि तेषा तेषा पुरुषाणा ते ते भावविशेषा भवन्ति ।

च० इ० १।५

"Race and caste, familiar peculiarities, residence, climatic conditions of that place, age and personal habits

of the patient—these are the factors which influence the individual variations amongst persons '

C S V 1 5

(४) तस्मादातुरं परीक्षेत प्रकृतितश्च विकृतितश्च सारतश्च संहननतश्च प्रमाणतश्च सात्म्यतश्च सत्वतश्च आहारशक्तितश्च व्यायामशक्तितश्च वयस्तश्चेति, बलप्रमाणविशेषग्रहणहेतो ।

च० वि० ८।९४

The constitutional pattern, pathological state, condition of the components, compactness and somatometric measurements of the body, dietary habits, psychological make up, appetite and digestive power, exercise tolerance and age of the patient should be examined and considered to ascertain the degree of his strength '

C S III 8 94

(५) मुहुर्मुहुश्च रोगाणामवस्था आतुरस्य च ।
अवेक्षमाणस्तु भिषक् चिकित्सायां न मुह्यति ॥

"The physician, who repeatedly assesses the disease process and examines the condition of the patient, is not mislead easily in treatment '

(६) व्याध्यवस्थाविशेषान् हि ज्ञात्वा ज्ञात्वा विचक्षण ।
तस्यां तस्यामवस्थायां तत्तच्छ्रेयः प्रपद्यते ॥

च० नि० ८।३७

"The wise doctor, recognising the different stages of the disease process, prescribes the appropriate treatment for those conditions "

C S II 8 37

(७) आतुरमुपक्रममाणेन भिषजाऽऽयुरादावेव परीक्षितव्यम्, सत्यायुषि व्याध्यृत्वग्निवयोदेहबलसत्वसात्म्यप्रकृतिभेषजदेशान् परीक्षेत ।

सु० सू० ३५।३

"Before starting the treatment of a patient, his expectancy of life must be determined by the physician In hopeful cases, the examination should be conducted along these lines—nature of the disease, residence and seasonal variations, appetite age, physical condition and general health of the body, psychological aspects, the articles which suit his constitution and those to which he is sensitive, temperament of the patient and consideration of appropriate treatment'

S S I 35 3

(E) The Treatment Should be Regulated According to the Severity of The Disease And The Condition of the Patient—

(१) तत्र सर्वाण्येवौषधानि व्याध्यग्निपुरुषबलान्यभिसमीक्ष्य विदध्यात् ।

सु० सू० ३९।१०

"All forms of treatment should be done only after full consideration of the intensity of the disease, the general condition of the patient and his digestive and metabolic powers'

S S I 39 10

(२) न ह्यतिबलान्याग्नेयसौम्यवायवीयान्यौषधानि अग्निक्षारशस्त्रकर्माणि वा शक्यन्तेऽल्पबलैः सोढुम् । तथा बलवति बलवद्व्याधिपरिगते स्वल्पमौषधमपरीक्षकप्रयुक्तमसाधकम् भवति ।

च० वि० ८।९४

"Very powerful medicines thermal and caustic treatment or major surgical procedures are beyond the capacity of toleration by the patients with poor general condition Similarly, weak medicines given without adequate consideration to a strong patient with severe disease is not successful

C S III 8 94

(३) अतिस्थूलो दुर्बलोऽपचितो वा व्याधिबलमेव तावदसमर्थ सोढु कि पुनस्तथाविधो भेषजमेवम्वेगम् । अतिबलानि संशोधनानि तथाग्निक्षारशस्त्रकर्माण्यल्पसत्वमातुरमल्पबल वा अतिपातयेयु ।

वृ० वा० सू० २३ (पृ० १७०)

"Very obese, very weak or emaciated patients cannot bear the brunt of the disease let alone the burden of excessively powerful treatment Such patients usually succumb to strong eliminating medicines, very energetic thermal and caustic treatment and major operations'

V V I 23 (p 170).

(F) **Importance of the Power of Resistance—**

(१) तत्र वय स्थाना दृढाना प्राणवतां सत्ववता च सुचिकित्स्या व्रणा , एकस्मिन् वा पुरुषे यत्रैतद् गुणचतुष्टयं तस्य सुखसाधनीयतमा ।

सु० सू० २३।३

"The wounds heal very well in the following types of persons–young, strong and in patients with good physical and mental stability If all the four qualities are present in a patient, it is a pleasure to treat his wound

S S I 23 3

(२) स क्षीण कृच्छ्रता याति यात्यसाध्यत्वमेव च ।
तस्माद् रक्षेद् बल पुसा बले सति हि जीवितम् ॥

सु० उ० ३९।१४७

' Unless taken care of, a patient in poor general condition goes from bad to worse and later he may go beyond possibility of any recovery As life depends on the power of resistance, every effort should be made to protect it and increase it

S S VI 39 147

(G) **Choice between Surgery and Conservative Treatment**

(१) कुशलस्यापि वैद्यस्य यत सिद्धिरिहाऽध्रुवा ।
उपक्रमो जघन्योऽयमत स परिकीर्त्तित ॥

सु० चि० ७।२८

"As it is impossible to guarantee success in such cases by even experienced surgeons, it is recommended that this type of surgical procedure should be done only as a last resort '

S S IV 7, 28

(२) अक्रियाया ध्रुवो मृत्यु क्रियाया संशयो भवेत् ।
तस्मादापृच्छ्य कर्त्तव्यमीश्वर साधुकारिणा ॥

सु० चि० ७।२९

"When death is certain by non-operative treatment and surgery offers the only doubtful hope, it should be carried out after taking the consent of the guardian in order to justify himself '

S S IV 7 29

(H) The Requirements Should be Collected Before hand

(१) भिषजा प्रागेव सम्भारा उपकल्पनीया भवन्ति । न हि सन्निकृष्टे काले प्रादुर्भूतायामापदि सत्यपि क्रयाक्रये सुकर माशु सम्भरणमौषधाना यथावत् ।

च० सू० १५।३

' The doctor should collect and get ready with all the requirements beforehand Although facilities for getting the things may be there, at the crucial moment when complications arise it is not equally easy as if the drugs were available then and there '

C S I 15 3

(२) अतोऽन्यतम कर्म चिकीर्षता वैद्येन पूर्वमेवोपकल्पयितव्यानि यन्त्रशस्त्रक्षाराग्निशलाकाशृङ्गजलौकालाबूजाम्बवौष्ठ-पिचुप्रोतसूत्रपत्रपट्टमधुघृतवसापयस्तैलतर्पणकषायालेपनकल्क-व्यजनशीतोष्णोदककटाहादीनि, परिकर्मिणश्च स्निग्धा स्थिरा बलवन्त ।

सू० सू० ५।६

"A surgeon wishing to do an operation should collect the following things beforehand instruments (both blunt and sharp), caustics, fire, probes (includes other such rod like insruments as sound, director etc), horn (an instrument used for cupping), leeches, gourd (blood sucking apparatus), jāmbavośtha (a cauterizing needle or probe), cotton, gauze, suture and ligature materials, medicinal leaves bandages, honey, ghee, lard, milk, oil (to be used as ointment and soothing dressing) refre shing liquids, decoctions, ointments, paste, fans (coolers), cold water, hot water and bowls etc

He should also have a team of assistants who should be affectionate, steady and strong'

S S I 5 6

(I) Preoperative Localisation of the Foreign Body

शल्याकृतिविशेषाश्च स्थानान्यावेक्ष्य बुद्धिमान् ।
तथा यन्त्रपृथक्त्व च सम्यक् शल्यमथाहरेत् ॥

सु० सू० २७।२३

"Wise surgeon should find out the exact size and shape of the foreign body, its exact location in the body should be known beforehand and appropriate instrument for its removal selected preoperatively, before taking the foreign body out'

S S I 27 23

(J) Preoperative Light Diet and Starvation

(१) लघुभुक्तवन्तम् आतुरम् ।

सु० सू० ५।७

"Before all operations the patient should take light diet only

S S I 5 7

(२) मूढगर्भोदरार्शोऽश्मरीभगन्दरमुखरोगेष्वभुक्तवत कर्म कुर्व्वीत ।

सु० सू० ५।१६

"The patient should be completely starving before such surgical procedures as artificial or instrumental delivery, abdominal conditions piles calculus disease, fistula in ano, and surgical conditions of the mouth

S S I 5 16

PART IV

OPERATIVE ETHICS

(प्रधानकर्मसद्वृत्तम्)

A Asepsis and Antisepsis

B Care in the use of instruments

C The Incision

(1) Qualities of an incision

(2) The correct technique of incision

(3) Direction of incision

(4) The counter incisions

(5) Extension of incision

(6) Dangers of improper incision

D Choice of operation

E Importance of blood

F Importance of fluid replacement in time

G Replacement by identical substance which has been lost

H Shock

I Careful Hæmostasis

J Final Check up before closure

K The correct technique of suturing

L Cardiac arrest

PART IV

OPERATIVE ETHICS

प्रधानकर्मसद्वृत्तम्

(A) Asepsis And Antisepsis

(१) निशाचरेभ्यो रक्ष्यस्तु नित्यमेव क्षतातुर ।

सु० उ० ६०।३

"Patients in whom there is a break in the continuity of tissues should always be protected from dangerous and invisible creatures (niśācara)

S S VI 60 3

Note It is remarkable that the conception of dan gerous and invisible creatures existed in those days, even in the absence of microscope

(२) हिंसाविहाराणि हि महावीर्याणि रक्षांसि मास शोणितप्रियत्वात् क्षतजनिमित्त व्रणिनमुपसर्पन्ति ।

सु० सू० १९।२३

"The powerfully virulent and harmful organisms, to whom flesh and blood is very dear, invade the patient s tissues through the portals of entry of ulcers and wounds

S S I 19 23

Note To day the bacteriologist employs meat broth and blood agar plates to culture the bacteria

(३) नाऽसंवृतमुखः कुर्य्यात् क्षुतिहास्यविजृम्भणम् ।

वा० सू० २।३५

"One should not sneeze, laugh or yawn without covering the mouth "

V I 2 35

Note This was to prevent airborne bacterial infection, the organisms coming from nose or mouth No one is permitted to enter the modern operation theatre without a cap and mask for the same reason

(4) **Protection of the wound from flies**

मक्षिका व्रणमागत्य नि क्षिपन्ति यदा कृमीन् ।
श्वयथुर्भक्षिते तैस्तु जायते भृशदारुण ॥

सु० चि० १।११९

"When flies come and drop the invisible organisms on the wound they flourish on it and a severely painful swelling appears

S S IV 1 119

(५) अग्नितप्तेन शस्त्रेण, छिन्द्यात् ॥

सु० चि० २।४६

(अन्यथाऽतप्तशस्त्रच्छेदने पाकभय स्यात्—डह्लण .)

"The surgical instruments should be used only after having been heated in the fire (Otherwise by using unheated instrument the risk of suppuration is present—Commentary by Dalhana on the same) '

S S IV 2 46

Note Could there be any better exposition of aesptic surgery ? Suśruta should really be called 'Originator o f Aseptic Surgery

(६) भग्नं नैति यथा पाकं प्रयतेत तथा भिषक् ।
पक्वमाससिरास्नायु तद्धि कृच्छ्रेण सिध्यति ॥
सु० चि० ३।६९

"The surgeon should make efforts so that in (compound) fracture infection does not supervene Because suppuration of muscles, ligaments, vessels and nerves lead to great difficulties in the healing of fracture

S S IV 3 69

(B) **Care in the Use of Instruments**

(१) शस्त्रक्षाराग्नयो यस्मान्मृत्यो परममायुधम् ।
अप्रमत्तो भिषक् तस्मात्तान् सम्यगवचारयेत् ॥
वृ० वा० सू० ४० (पृ० २७४)

'As sharp instruments, caustics and thermal cautery are great weapons of death the surgeon should use them very carefully with a balanced state of mind '

V V I 40 (p 274)

(२) अजानता गृहीते तु शस्त्रे कायनिपातिते ।
भवन्ति व्यापदश्चैता बहवश्चाप्युपद्रवा ॥
सु० शा० ८।२१

"When a person unconversant with the handling of surgical instruments, uses them on the patients, above mentioned accidents and other complications are liable to occur '

S S III 8 21

(3) **An Advice to the Plastic Surgeons in the use of Dermatomes**

यदा सुनिशितं शस्त्रं रोमच्छेदि सुसंस्थितम् ।
सुगृहीत प्रमाणेन तदा कर्मसु योजयेत् ॥
सु० सू० ८।१४

"When the blade of the knife has been made so sharp that it can slice the hair into two, the different parts of the instruments have been fixed properly, the adjustments regarding the measurements have been done correctly and it has been held in the proper way only then should it be used in surgical operations'

S S I 8 14

Note Every single word mentioned here holds true till to day

(C) THE INCISION

(1) Qualities of an Incision

तत्रायतो विशाल सम सुविभक्तो निराश्रय इति व्रण गुणा ।

सु० सू० ५।८

"These are the qualities of a good incision—it should be of adequate length, extensible, having regular and uniformly cut edges, having all the layers cleanly incised and should be independent

S S I 5 8

(2) The Correct Technique of Incising

सकृदेवापहरेच्छस्त्रमाशु च ।

सु० सू० ५ ७

"The incision should be made swiftly in one stroke only

S S I 5 7

Note "A sharp knife should always be used and the skin should be cut cleanly at one stroke throughout the distance required'

(Farquharson, 1962)

(3) **Direction of incision**

(१) अनुलोमं शस्त्रं निदध्यात् ।

सु० सू० ५।७

"The incision should be made in the direction of hairs '

S S I 5 7

(२) तत्र भ्रूगण्डशङ्खललाटाक्षिपुटौष्ठदन्तवेष्टककक्षाकुक्षिवङ्क्षणेषु तिर्यक् छेद उक्त ।

सु० सू० ५।१२

' The incision should be oblique in the following regions—eyebrow, cheek temple forehead, eyelid lip, gum, axilla belly and groin

S S I 5 13

(३) चन्द्रमण्डलवच्छेदान् पाणिपादेषु कारयेत् ।
अर्धचन्द्राकृतींश्चापि गुदे मेढ्रे च बुद्धिमान् ॥

सु० सू० ५।१४

The experienced surgeon should make the incision like a full moon (circular), or like a half moon (semicircular) in the upper and lower limbs and about the anus and penis '

S S I 5 14

Note Examples of circular incisions are limb amputations circumcision and partial amputation of the penis The value of making semicircular incisions along lines of cleavage (Langer's lines) has been recognised only lately ' Surgical incisions made along Langer s lines heal with a minimum of scar tissue, incisions across the lines heal with a heaped up or broad scar

(Last, 1959)

(4) **The Countei Incisions**

एकेन वा व्रणेनाऽशुध्यमाने नाऽन्तरा बुद्ध्याऽवेक्ष्याऽपरान् व्रणान् कुर्य्यात् ।

सु० सू० ५।११

Counter incisions should be given at some distance, if one incision is not enough to clear the wound completely '

S S I 5 11

Note Counter incisions have to be given to provide adequate drainage, e g in dependent parts after incising a breast abscess and in flanks after splenectomy or cholecystectomy etc

(5) **Extension of Incision**

यतो यतो गति विद्यादुत्सङ्गो यत्र यत्र च ।
तत्र तत्र व्रण कुर्याद् यथा दोषो न तिष्ठति ॥

सु० सू० ५।१२

"In whichever direction, the tracks lead and wherever pockets are present, at all those places incisions should be made so that no offensive material should be left '

S S I 5 12

(6) **Dangers of Improper Incision**

अन्यथा तु सिरास्नायुच्छेदनम् , अतिमात्रं वेदना, चिराद् व्रणसरोहो, मासकन्दीप्रादुर्भावश्चेति ।

सु० सू० ५।१५

'If the above mentioned precautions are not taken, there is danger of injuring the blood vessels and nerves

and causing excessive pain There is also a delay in wound healing and keloids are likely to form'

S S I 5 15

(D) **Choice of Operation**

(१) स्वबुद्ध्या चापि विभजेत् कृत्याकृत्यांश्च बुद्धिमान् ।

सु० सू० १८।३४

"The learned, with the help of his own knowledge, should try to choose between the procedures which should be carried out from those which have to be rejected'

S S I 18 34

(२) उत्पद्येत हि साऽवस्था देशकालबलं प्रति ।
यस्यां कार्यमकार्यं स्यात् कर्म कार्यं च गर्हितम् ॥

च० सि० २।२६

"Circumstances arise sometimes, depending upon the part affected, age and general condition of the patient or upon the residence of the patient, the prevailing climatic conditions and the severity of the disease, when a recommended procedure become contraindicated and a prohibited method of treatment becomes indicated

C S VIII 2 26

(३) न चैकान्तेन निर्दिष्टेऽप्यर्थेऽभिनिविशेद् बुध ।
स्वयमप्यत्र वैद्येन तर्क्यं बुद्धिमता भवेत् ॥

च० सि० २।२५

"The wise doctor should not adhere exclusively to what is written in the books, but use his own discretion and reasoning

C S VIII 2 25

(४) तस्मात् सत्यपि निर्दिष्टे कुर्यादूह्य स्वयं धिया ।
विना तर्केण या सिद्धिर्यदृच्छासिद्धिरेव सा ॥

च० सि० २।२८

"Although the authorities may recommend a certain procedure, one should himself think about it intelligently, because an unreasoned out procedure, even if it is success ful can be considered only a chance success

C S VIII 2 28

(E) **Importance of Blood**

(१) देहस्य रुधिर मूल रुधिरेणैव धार्यते ।
तस्माद् यत्नेन सरक्ष्य रक्तं जीव इति स्थिति ॥

सु० सू० १४।४४

'Blood is the origin of body , the body totally depends upon it hence every attempt must be made to preserve it In otner words blood is equivalent to the life itself

S S I 14 44

(२) तद्विशुद्धं हि रुधिरं बलवर्णसुखायुषा ।
युनक्ति प्राणिनं प्राण शोणित ह्यनुवर्तते ॥

च० सू० २४।४

"Pure blood (containing adquate amounts of all its constituents) imparts strength, complexion and a healthy life to the individual Actually the whole mode of life of a person depends upon blood

C S I 24, 4

(F) **Importance of Fluid Replacement in Time**

सद्य. क्षीणो हि सद्यो वै तर्पणेनोपचीयते ।

च० सू० २३।३१

"In a case of quick loss of fluid, immediate replacement restores the balance and stabilizes the patient

C S I 23 31

(G) **Replacement by Identical Subtance Which Has Been Lost**

तत्रापि स्वयोनिवर्धनद्रव्योपयोग प्रतीकार ।

सु० सू० १५।१०

Best treatment of any lost substance is replacement by an identical expander '

S S I 15 10

Note—Modern treatment of burns with plasma loss demands that plasma or its substitute dextraven should be given as plasma expander within the first 48 hours of burn

(H) **Shock**

(१) रुजाभिभूतं तु तत शरीरम्,
प्रलीयते नश्यति चास्य संज्ञा।
अतो हि शल्यं विनिहर्त्तुमिच्छन्,
मर्माणि यत्नेन परीक्ष्य कर्षेत् ॥

सु० शा० ६।२०

"After an accident or foreign body introduction, the body feels intense amount of pain and conciousness is gradually lost, resulting in shock In case surgical intervention is required and extraction is considered desirable, it should be done only after carefully examining the vital organs "

S S III 6 20

(2) First Aid and Artificial Respiration for Impending Shock on a Sinking Patient

शीतलेन जलेनैन मूर्च्छन्तमवसेचयेत् ।
संरक्षेदस्य मर्माणि मुहुराश्वासयेच्च तम् ॥

सु० सू० २७।११

"Cold water should be sprinkled on the patient who is gradually loosing conciousness, his vital parts should be protected and his breath should be revived again and again

S S I 27 11

(I) Careful Haemostasis

(१) अथ शल्यमुद्धृत्य, निर्लोहितं व्रणं कृत्वा, स्वेदार्हमग्निघृतप्रभृतिभिः संस्वेद्यावदह्य, प्रदिह्य सर्पिर्मधुभ्यां, बद्ध्वा चाचारिकमुपदिशेत् ।

सु० सू० २७।१२

"After incision and removal of the cause of trouble[1] and having made the wound bloodless[2], having fomented with heat or by applying warm ghee[3] etc having caute

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1 The reference to context in this chapter is that of extraction of foreign bodies although the word Shalya has been used in Āyurved to imply all those causes in which their surgical removal is urgently indicated e g any foreign body, collected pus obstructed foetus concoeled haematoma, tumours etc

2 Modern surgery emphasizes on meticulous haemostasis The hazards of improper control of bleeding are only too well known

3 Making the ghee hot would probably have sterilized it and its application on the wound would have served two

rized[1], if necessary, having applied a paste of ghee and having bandaged, instructions should be given regarding its further management

S S I 27 12

(२) चतुर्विधं यदेतद्धि रुधिरस्य निवारणम् ।
सन्धानं स्कन्दनं चैव पाचनं दहनं तथा ॥

सु० सू० १४।३९

"These are the four methods of stopping the bleeding-sandhānam[2], skandanam[3], pācanam[4], and dahnam[5]

S S I 14 39

(J) **Final Check up Before Closure**

(१) पांशुरोमनखादीनि चलमस्थि भवेच्च यत् ।
अहृतानि यतोऽमूनि पाचयेयुर्भृशं व्रणम् ॥
रुजश्च विविधाः कुर्युस्तस्मादेतान् विशोधयेत् ॥

सु० सू० २५।१८, १९

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purposes—haemostasis and a soothing effect especially during surgery on a concious or semiconcious patient as was practised in those days Hot swabs are used even to day to check the bleeding and clean the surgical wounds

1 Cauterization is a valuable method of haemostasis in surgery to day The diathermy machine used for coagulating or cutting is an indispensable armamentarium of the modern operation theatre Many scientific articles have been published on its use

2 Process of helping the inherent tendency of vessels to contract by applying astringent lotions

3 Process of thickening or coagulating the local blood

4 Process of setting up suppuration in the wound

5 Process of cauterisation

'Dust hairs, nails, loose bone pieces and such other (foreign) matter, when found in the wound (befor closure), should be removed, because if they are not removed they would produce extensive suppuration and different types of pain

S S 25 18, 19

(२) यथास्थान स्थिते सम्यग् अन्त्रे सीव्येदनुव्रणम् ।
स्थानादपेतमादत्ते जीवित कुपितं च तत् ॥

वा० उ० २६।४७

'The parities should be sutured only after replacing the intestines correctly at their appropriate places If it remains displaced (from its normal anatomical position), it can create trouble to the extent of taking life '

V VI 26, 47

(K) **The Correct Technique of Suturing**

ततो व्रणं समुन्नम्य स्थापयित्वा यथास्थितम् ।
सीव्येत् सूक्ष्मेण सूत्रेण ॥

सु० सू० २५।२०

"Then, having raised the edges of the wound and having brought them into apposition, they should be sutured by a fine thread '

S S I 25, 20

(L) **Cardiac arrest**

(१) आज्यशेषेण चास्य प्राणान् समालभेत ।

सु० सू० ५।१८

प्राणशब्देनात्र हृदयादय उच्यन्ते,
प्राणाधिष्ठानत्वात्, तान् समालभेत म्रक्षयेद्
अभ्यञ्जयेदित्यर्थ, प्राणाप्यायनार्थम्—

—डल्हण

Ghee should be massaged over the vital parts for the recovery of life '

S S I 5 18 and Dallhana

(It could be considered a variant of external cardiac massage advocated recently by Kouwenhoven et al (1960), and others in place of open chest cardiac massage for cases of cardiac arrest)

(२) स ना संन्याससन्यस्त काष्ठीभूतो मृतोपम ।
प्राणैवियुज्यते शीघ्रं मुक्त्वा सद्य फला क्रियाम् ॥
दुर्गेऽम्भसि यथा मज्जद् भाजन त्वरया बुध ।
गृह्णीयात् तलमप्राप्त तथा संन्यासपीडितम् ॥

च० सू० २४।४४,४५

"Sudden loss of conciousness and vital functions (e g cardiac arrest) making the patient almost dead and wood like demands measures which are immediately effective, otherwise his life would be extinct soon In such cases action should be taken with the same quickness with which a wise person would try to grab a utencil which has fallen in deep waters before it reaches the bottom "

C S I 24 44 & 45

PART V

POST OPERATIVE ETHICS

(पश्चात्कर्मसद्वृत्तम्)

A The Post operarive ward and the bed

B Care of the patient

C Caution in the use of strong medicines

D Check the result

E Post operative dressing and bandage

F Post operative sedation

PART V

POST-OPERATIVE ETHICS

पश्चात्कर्मसद्वृत्तम्

(A) The Post-operative Ward and the Bed

(१) व्रणितस्य प्रथममेवागारमन्विच्छेत्, तच्चागार प्रशास्तवास्त्वादिक कार्यम् ।

सु० सू० १९।३

"First of all a ward for the operated case should be selected That place should be well planned, well equip ped and well arranged

S S I 19 3

(२) तस्मिन् शयनमसम्बाधं स्वास्तीर्णं मनोज्ञ प्राक्शिरस्कं सशस्त्रं च कुर्वीत ।

सु० सू० १९।५

"The surgical bed should be of adequate dimensions (size) and well provided with mattresses and drawsheets, pleasant to look at, the head end should face towards east and it should be well guarded

S S I 19 5

(३) तस्मिन् सुहृद्भिरनुकूलै प्रियंवदैरुपास्यमानो यथेष्ट मासीत ।

सु० सू० १९।७

"The patient should lie comfortably on such a bed attended upon by sympathetic and affectionate friends

and relatives, who should be good conversationalists also"

S S I 19 7

(B) **Care of the Patient**

(१) निर्वातमागारं प्रवेश्याचारिकमादिशेत् ।

सु० चि ६।४

"Having admitted the patient to such a ward, which is not exposed to blasts of wind, clear directions should be given regarding further management

S S IV 6 4

(२) उत्थानसवेशनपरिवर्त्तनचङ्क्रमणोच्चैर्भाष्याद्यासु आत्मचेष्टासु अप्रमत्तो व्रण सरक्षेत् ।

सु० सू० १९।११

"The patient should carefully protect the wound from his own activities such as getting up, lying down, turning on the side or while he is up and about, or speaking loudly etc'

S S I 19 11.

(३) तत्र विस्रंसे व्यापन्ने च क्रियाविशेषैरविरुद्धैर्बलमाप्याययेत् ।

सु० सू० १५।२८

"In cases of lowered or deranged vitality, improvement in the condition should be tried by special restorative measures, which should not be injurious in any other respect

S S I 15 28

(४) रक्षेद् बलं चापि नरस्य नित्यं,
तद्रक्षितं व्याधिबलं निहन्ति ॥

सु० चि० १८।३

"Patient's general health should always be maintained, as it helps to lessen the intensity of the disease process '

S S IV 18 3

(५) दीर्घकालातुराणां तु कृशानां व्रणशोषिणाम् ।
बृंहणीयो विधिः कार्यः कायाग्निं परिरक्षता ॥

सु० चि० १।१२३

' The chronically sick emaciated patient and those in whom discharging ulcers have been present for a long time causing debility, an attempt should be made to increase his weight by feeding him with a highly nutritious diet, without upsetting the gastro intestinal tract '

S S IV 1 123

(6) **Importance of Healing From the Bottom-(e g Operated Fistula-in-ano)**

न चैनं त्वरमाणः सान्तर्दोषं रोपयेत्, स ह्यल्पेनाऽप्यपचारेणाभ्यन्तरमुत्सङ्गं कृत्वा भूयोऽपि विकरोति ।

सु० सू० ५।३७

' Due to haste, the wound should not be allowed to heal up leaving some insipid matter or pus underneath, as it would lead to recurrence on the slightest provocation

S S I 5 37

(C) **Caution in the Use of Strong Medicines (e g Antibiotics)**

विभ्रंशो विषवद् यस्य सम्यग् योगो यथामृतम् ।
कालेष्ववश्यं पेयं च तस्माद् यत्नात् प्रयोजयेत् ॥

च० क० १२।८५

'When due to certain unavoidable circumstances, such medicine is indicated whose correct use produces nectar like effects but may act as poison if improperly administered, it should be used with skill and care

C S VII 12 85

(D) **Check The Result**

It was advised to check the results of operation post operatively As an example signs of correct reduction after fracture or dislecation is cited here

(१) अस्थिभग्नं च्युतं सन्धि सन्दधीत समं पुन ।
समेन सममङ्गेन कृत्वाऽन्येन विचक्षण ॥

च० चि० २८।६८

"The expert surgeon should reduce correctly the fractured bone or a dislocated joint, comparing it with the opposite normal part

C S VI 25 68

(२) भग्नं सन्धिमनाविद्धमहीनाङ्गमनुल्वणम् ।
सुखचेष्टाप्रचार च सहितं सम्यगादिशेत् ॥

सु० चि० ३।७०

"A dislocated joint should be regarded reduced correctly only if it is unlocked, is not shortened in length, is not unduly prominent and is freely movable without pain'

S S IV 3 70

(E) **Post Operative Dressing and Bandage**

(१) तत कल्केनाच्छाद्य, घना कवलिका दत्वा, वस्त्रपट्टेन बध्नीयात् ।

सु० सू० ५।१७

"After this, medicinal pastes should be applied over the wound which should then be covered by a thick layer of pad and bandaged ,

S S I 5 17

(2) **The second dressing**

ततस्तृतीयेऽहनि विमुच्यैवमेव बध्नीयाद् वस्त्रपट्टेन, न चैनं त्वरमाणोऽपरेद्युर्मोक्षयेत् , द्वितीयदिवसे परिमोक्षणाद् विग्रथितो व्रणश्चिरादुपसरोहति, तीव्ररुजश्च भवति ।

सु० सू० ५।३५

"After this the old bandage should be opened on the third day and reapplied exactly as before There is no hurry to open it on the second day If the bandage is opened on the second day, it may lead to delayed heal ing and cause more pain

S S I 5 35

(3) **Further dressings**

अत ऊर्ध्वं दोषकालबलादीनवेक्ष्य कषायालेपनबन्धाहाराचा रान् विदध्यात् ।

सु० सू० ५।३६

"After this (third day), during further dressings lotions, ointments, bandages, diet and the period of am bulation and other activities should be varied depend- ing upon the condition of the wound, the prevailing climatic condition of the year (hot, cold or humid etc) and the general condition of the patient

S S I 5 36

(४) हेमन्ते शिशिरे चैव वसन्ते चापि मोक्षयेत् ।
त्र्यहाद् द्व्यहाच्छरद्ग्रीष्मवर्षास्वपि च बुद्धिमान् ॥

सु० सू० ५।३९

"In winter and spring the dressing should be changed every third day and in summer and rainy season every second day

S S I 5 39

(F) **Post operative sedation**

या वेदना शस्त्रनिपातजाता तीव्रा शरीरं प्रदुनोति जन्तो ।
घृतेन सा शान्तिमुपैति सिक्ता कोष्णेन यष्टीमधुकान्वितेन ॥

सु० सू० ५।४१

"Severe pain due to the operative procedure making the patient restless can be relieved by gently applying luke warm ghee mixed with mulethi (Glycerrhiza Glabra)

S S I 5 41

PART VI

THE ETHICS AND IMPORTANCE OF EXPERIMENTAL SURGERY

(योग्याकरणसद्वृत्तम्)

PART VI

THE ETHICS & IMPORTANCE OF EXPERIMENTAL SURGERY

योग्याकरणसद्वृत्तम्

Definition of Yogyā

(१) कर्त्तव्यकर्मण सम्यग्योगाय तत्सदृशकर्माभ्यासो योग , तेन योगाय प्रभवतीति योग्या ।

चक्रपाणि (सु० सू० ९।१)

"To obtain complete success in the aimed (operating) work, practise of similar operations before hand is called yoga (experiment), and performance of such practise is called yogya '

Commentary by Cakrapāni on
S S I 9 1

(२) तस्मात् कौशलमन्विच्छन् शस्त्रक्षाराग्निकर्मसु ।
यस्य यत्रेह साधर्म्यं तत्र योग्या समाचरेत् ॥

सु० सू० ९।६

"Therefore he who wants to be expert in the use of surgical operations and caustic or thermal cauterization should practice the same experimentally on similar problems "

S S I 9 6

(३) प्रयोगज्ञस्य वैद्यस्य सिद्धिर्भवति नित्यश ।
तस्मात् परिचयं कुर्याच्छस्त्राणा ग्रहणे सदा ॥

सु० सू० ८।२०

"That surgeon always gets success who is well versed in the art of using surgical instruments, therefore he should always be trying to acquire knowledge in the use of various instruments

S S I 8 20

(४) एवमादिषु मेधावी योग्यार्हेषु यथाविधि ।
द्रव्येषु योग्या कुर्वाणो न प्रमुह्यति कर्मसु ॥

सु० सू० ९।८

"An intelligent surgeon who does experimental surgery methodically on such articles as stated above does not lose the presence of his mind while doing the actual operation

S S I 9 5

PART VII

QUACKS

(कुवैद्यवृत्तम्)

PART VII

QUACKS

कुवैद्यवृत्तम्

(१) शास्त्र गुरुमुखोद्गीर्णमादायोपास्य चासकृत् ।
य कर्म कुरुते वैद्य स वैद्योऽन्ये तु तस्करा ॥

सु० सू० ४।८

"The physician who learns the science of medicine under the guidance of his preceptors and regularly takes the practical training and then practices medicine is a real physician, others are quacks '

S S I 4 8

(२) स्नेहादिष्वनभिज्ञो यश्छेद्यादिषु च कर्मसु ।
स निहन्ति जन लोभात् कुवैद्यो नृपदोषत ॥

सु० सू० ३।५२

"The practitioner who does not know medical procedures (e g massage, heat therepy, medication, purgation, stomach wash by the vomitting technique and enema etc) and surgical techniques (e g incision, drainage, tapping, curettage, sounding, probing etc) is a quack Such a person kills people due to his greediness, and survives only because of the negligence of the government

S S I 3 52

(३) यश्छिनत्याममज्ञानाद् यश्च पक्वमुपेक्षते ।
श्वपचाविव मन्तव्यौ तावनिश्चितकारिणौ ॥

सु० सू० १७।१०

"Surgery by him who opens an unripe swelling, as also of his who neglects a 'ripe abscess is based on indecision and both of them should be regarded as quacks

S S I 17 10

(४) आम विपच्यमान च सम्यक् पक्वं च यो भिषक् ।
जानीयात् स भवेद् वैद्य शेषास्तस्करवृत्तय ॥

सु० सू० १७।६

"He who knows when the abscess is unripe, has a tendency towards 'ripening or is fully ripe is the real doctor Others are quacks

S S I 17 6

(५) ओषध्योऽमृतकल्पास्तु शस्त्राशनिविषोपमा ।
भवन्त्यज्ञैरुपहृतास्तस्मादेतान् विवर्जयेत् ॥

सु० सू० ३।५१

"Medicines equivalent even to nectar (a fluid which when orally taken makes the person immortal and eternally young) when prescribed by quacks may act like fatal weapons, lightening or poisons, hence one should avoid the quacks

S S I III 51

PART VIII

ETHICS TOWARDS THE DYING

(मुमूर्षुसद्वृत्तम्)

PART VIII

ETHICS TOWARDS THE DYING

मुमूर्षुसद्वृत्तम्

(१) दृष्टारिष्टमपि चातुर न तत्त्व ब्रूयात् , नित्यमाश्वासयेत् ।

कश्यप (पृ० ४१)

"Even after having noticed the signs of impending death the doctor should not tell that to the patient instead constant reassurance should be given

K S p 41

(२) ह्रसित चायुष प्रमाणमातुरस्य जानताऽपि त्वया न वर्णयितव्य तत्र यत्रोच्यमानमातुरस्याऽन्यस्य वाऽप्युपघाताय सम्पद्यते ।

च० वि० ८।१३

"Diminished expectancy of patient s life, even if you know, should not be mentioned at such place where if so said, it would hurt the patient or someone else'

C S III 8 13

(३) यावत् कण्ठगत प्राणस्तावत् कार्या प्रतिक्रिया ।
कदाचिद्दैवयोगेन दृष्टारिष्टोऽपि जीवति ॥

भैषज्यरत्नावली

"Appropriate treatment must be carried out till the last breath of the patient s life because sometimes luckily even the dying patient may survive'

—Bhaisajya Ratnāvalī

PART IX

ETHICS IN EMERGENCY SURGERY

(आत्ययिकसद्वृत्तम्)

PART IX

ETHICS IN EMERGENCY SURGERY

आत्ययिकसद्वृत्तम्

अतिपातिषु रोगेषु नेच्छेद् विधिमिमं भिषक् ।
प्रदीप्तागारवच्छीघ्रं तत्र कुर्यात् प्रतिक्रियाम् ॥

सु० सू० ५।४०

"In emergency cases, the doctor should not apply the routine methods of treatment, instead he should act as if his own house is on fire"

S S I 5 40.

समाप्तश्चायं प्रबन्धः

भिषजा साधुवृत्ताना भद्रमागमशालिनाम् ।
अभ्यस्तकर्मणा भद्रं भद्रं भद्राभिलाषिणाम् ॥

वा० उ० ४०।७७

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